

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042932

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1358

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,Length of stay in 1b
10 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Meth. Hosp. & Med. CenterInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1308 Jules StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First ELMA

Middle GLEE

Last D'ANDREA

4. DATE OF DEATH

Month November

Day 21,

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ WidowedNever Married ☐ Divorced ☐

8. DATE OF BIRTH

May 3, 1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Own Home11. BIRTHPLACE (City and state or country)
Macedonia, Iowa12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Samuel T. Parks

13b. MOTHER'S MAIDEN NAME

Olive Martha DeBolt

14. NAME OF HUSBAND OR WIFE

Joseph D'Andrea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Joseph D'Andrea-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Delayed inevitable gangrenous
ulcer - onset 17 hrs post opINTERVAL BETWEEN
ONSET AND DEATH
38 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Subacute cholecystitis, cholelithiasis & tuberculous common

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mitral stenosis, cardiomegaly moderate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 7, 1963 to Nov. 21, 1963 and last saw her alive on Nov. 21, 1963
Death occurred at 9:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc., St. Joseph, Mo. Nov. 27, 1963 Mrs. Clark Stoddell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S. E. Senor, M.D., Medical Certification

DATE AMENDED

VS 300

Rev. 4/59

15117

25117

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9585X

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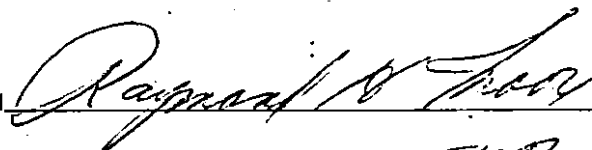
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

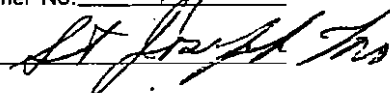
Signed



Licensed Embalmer No.

5147

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.